

July 19, 2009

Dear Representative Carson,

Thank you for soliciting input from your constituents about Health Care Reform. As a provider of healthcare in a federally qualified health center in Indianapolis, I see the impact of our chaotic health system on many Americans. We serve those with Medicaid and Medicare, but also those who cannot afford health insurance coverage through their employers or are considered uninsurable due to chronic disease conditions.

I believe that we need universal health coverage for all citizens. I believe that a basic package of coverage needs to be determined by a body of experts and that supplementary coverage for options beyond the basic plan could be supplied by private insurers. We are losing the potential for entrepreneurship and innovation if health care is tied only to employment status.

Two books that offer some realistic options for paying for such a system are:
HealthCare, Guaranteed. Simple Secure Solution for America written by Dr. E. Emanuel, physician with the NIH and V. Fuchs, an economist and
The Healthcare Fix: Universal Insurance for all Americans by J. Kotlikoff.

Both set of authors suggest that if all sources of government subsidized health care (Medicare, Medicaid, VA and the federal employees plans) were combined, most of the insurance costs would be covered for a basic plan. Additionally, a value added tax could be used to subsidize the remaining costs. Supplemental plans could be covered by the consumer.

We would also need to create an expert panel who review current medical research and make

recommendations about tests and treatment that are effective and affordable. The UK has such a group called NICE to help determine which treatments should be paid for by the NHS.

We have a wonderful primary care providers in nurse practitioners and nurse midwives who could care for 70% of the population for primary care with the ability to refer patients to physician specialists when indicated. Evidence supports the use of these highly qualified health care professionals for safe and quality cost effective care.

Sincerely,

Mary, CNM, WHNP

Indianapolis, IN

July 19, 2009

Having been a nurse now for 24 years and having worked in Indianapolis that entire time, I am still shocked each time one of the hospitals expand or build off campus facilities which includes labs, x-ray, therapies. I ponder, "What nurse is going to work there as there is a nursing shortage? What x-ray tech is going to work there as there is a shortage of them? What therapists is going to serve as there is a shortage of them? Who is going to pay for the new

buildings?" That question, I could answer. The patent!! My understanding is that here in Indiana there is no requirement to prove the need for more hospital buildings, expansions, etc. Look, Winona Hospital is closed. Community East has many floors that are close. Even part of the funding for the VA Hospital is earmarked as yearly construction and if not used for that it is lost. Here in central Indiana some sort of oversight of the construction of new buildings is needed to control the cost that is passed on to the consumers.

What item improves patient safety? A lower ratio of the number of patients to a nurse. Hospital administrators have for years ignored this fact. Switching nursing schedules from 8 hour shifts to 12 hour shifts just to save on benefit costs caused many nurses to leave the field due to burn out. (When I first started in 1985, one of the local hospitals had the budget for nursing under housekeeping!) We cannot keep raising the number of patients that a nurse serves and not expect mistakes to happen when the nurse is working such long shifts.

I am now in home-care taking care of patients that a few years ago would have had to stay in the hospital ICU due to the equipment they need. I find it very rewarding. We work diligently to keep these patients healthy in their homes and out of the hospitals. And hopefully wean them off of the equipment and to the point that nursing is no longer needed. Then the company schedules us to a new client.

Sincerely,

Elaine, R.N.

Indianapolis, IN

July 18, 2009

Rep Carson,

Thanks for your email newsletter in which you said you wanted to know our thoughts on health care.

First, I believe all Americans health is covered by the current system. Current laws stipulate that nobody can be refused health care at a health facility. Wishard Hospital is a current example. Lots of prominent people come to the U.S. for treatment because their own government health care systems aren't making it. Even Castro had to bring in doctors from elsewhere.

The figure of 47 million not covered by health care. Where does that come from? My information indicates many are illegal aliens.

A government run health system will be a rationed health system. Ask the populations in Canada and Britain how they like it when they have to wait long periods for relatively minor treatments or surgeries. A small preview of what a government run health system will look like can be seen by the VA system, already run by the government. Remember the horror in the government hospitals our first wounded from the Iraq War experienced, upon their return a few years ago?

The other thing that is hard to understand is why this program is being rammed through without much thought, except that it's too important to wait, to read, to fund, to find out what constituents think or to think ourselves. Have you read the 1000 pages of legislation? Probably not, most haven't. How can anyone represent their constituents by voting on something that hasn't been read?

Another thing is that for a government program that is so good for us, the general population, why are federal elected officials not included with us, but have a separate program for themselves? How does that work? Something else that is puzzling is the President said the government would compete with private health programs on an equal footing.

The private sector has to make a profit to stay in business but won't be able to compete long

with government not having to make a profit, using taxpayers money. To be completely fair, government would have to start it's "business" just like any other, people selling policies to start the business and then growing it. Do you think that's going to happen?

Lastly, are you going to refuse the Congressional Health Care to join us in the General Government Run Health Care Program?

I look forward to hearing from you in the near future!

Sincerely,

David
Indianapolis, Indiana

July 18, 2009

My company offers health insurance, but I can't afford it since it is \$260.00 a month. I am making more than what I have ever made before, but it isn't enough to cover a mortgage, car payments, car insurance, utilities, gas, food, and \$260.00 for health insurance. I heard on the news that if an individual does not get health insurance when (or if) this new plan goes through, they would be fined. I just hope that the cost of health insurance under this plan health insurance is at least half of what my company offers, because on top of everything that I listed I will have to start paying on my student loan next year. With the economy the way it is, employers who are willing to pay good money or offer a better health insurance plan want, and can get, people with a Bachelor's Degree, and I will only have an Associate's Degree.

I will be 61 years old in August, but I can't get Medicaid since my company offers health insurance and I am too young for Medicare.

Kathy

Indianapolis, IN

July 18, 2009

Dear Representative Carson:

I am in my seventies and am very healthy, but I see a number of doctors who help me deal with issues I face as I age. The price of my copayment has gone from \$10 to \$15 per visit, and this year something new has been happening, I receive a billing for \$5 more after my visits. These changes are not big changes, but my income is such that I am concerned about my future. As Obama has said, if we do not make a major change in the health care system in this country, those of us who have been satisfied with our health insurance will soon not be able to afford it. I would like to see our health insurance attached to our taxes, and yes, then our taxes would increase--for all of us. Yes, I am in very much in favor of a single payer system. I believe that our government would be able to manage the administrative aspect of health care in a more cost efficient manner than the commercial health insurance companies have done. And the government would control CEO salaries. That's one of the big costs of our health insurance companies. I believe that the government could put some stipulations in place to prevent obesity--a huge cost in our health care industry, by controlling unhealthful food that is currently available, and is causing obesity. Tackling these problems should be a major focus as we transition to a new health care plan.

Jeannette

Indianapolis, IN

July 18, 2009

I have a grandson who was born at 24 weeks, way before a normal delivery date. He spent about four months in a NICU and has over his eight years done pretty well. He is intelligent, curious, and functions well intellectually. However, he sees with only one eye, the other having failed three attempts at correcting a detached retina, runs haltingly, and with a "prior condition" is quite unlikely to qualify for health insurance as an adult working person.

I have a friend whose 18 year old daughter was born with *spina bifida*. She is confined to a wheel chair and is likely to stay confined to a wheel chair. She is educable but somewhat slow and may or may never become a working person. She has a "prior condition" and is unlikely to qualify for health insurance as an adult.

Neither of these children volunteered or participated in their disqualifying conditions, yet current insurance practice will leave them uncovered, especially if they become employed.

I am not the that our president's current plan adequately covers all people who need the help that is promised. AND I believed that Rep. Conyers' HR 676 would as it affects only the payments for healthcare and permits citizens the right to select their healthcare providers without an additional bureaucracy to screw things up.

Marshall

Indianapolis, IN

July 17, 2009

Dear Representative Carson:

Through my husband's insurance, my family and I have wonderful health care. I have the freedom and ability to choose a doctor and hospital. A government-run public health care plan will lead many employers to drop private health care coverage for their workers, thus forcing the workers into the government-run plan. I do not want to lose my family's health insurance.

I do not want the government to dictate my doctor, my hospital and my treatment for any illness that I may have. I do not want the government to decide when to stop treatment on a patient.

Americans cannot afford a trillion dollar plan or the raising of tax rates to pay for this government-run public health care plan. If this bill passes, many small business owners will be

put out of business, with their dreams and hopes of free enterprise lost.

I love my country; however, I am very fearful and sad of America's future.

Please vote against the Health Care Reform Bill.

□

Sincerely,

Terri

Indianapolis, IN

July 17, 2009

We were on my husband's health care @ work, but when it got to 175.00 every two weeks & going up again we cancelled & went through my work. We at least have health insurance, but can't afford to go to the doctor, or really get any medicine. I think president Obama has the right idea. It works in Canada, it would take awhile to get the kinks worked out, but in the end would be good.

My daughter & son-in-law don't have medical on them, but carry it through a private company for his daughter. For her to take the company insurance for all of them would take $\frac{1}{2}$ of her pay check then they couldn't make their bills. This is the same problem $\frac{1}{2}$ the country is in. Do you pay your bills or go to the dr.

Thank you.

July 17, 2009

Dear Representative Carson,

I am writing to share my daughter's story with you. Mary was born with spina bifida and hydrocephalus in 1982. Fortunately for her my husband had insurance coverage that allowed her to receive the best of care both at St. Francis and Riley Hospitals. She is now a functioning adult who utilizes a wheelchair full time for mobility. She is 27. She is a college graduate. She works at a job for 30-35 hours per week. She has no health insurance.

For a time she qualified for SSI (after she turned 18), but now she makes too much money for that type of federal assistance (Her salary doesn't cover her living expenses.). She applied for Medicaid (prior to becoming employed), but was turned down since she had the capability to have a job. (Indiana is one of only 2 states in the union who may deny applications for Medicaid even if an individual qualifies for disability assistance on the federal level.) It was two years before she was employed. Of course she can't get insurance due to her disabling condition, even though she has had few health care needs in the past six years. Some type of health coverage for all individuals is desperately needed in this country!

Carole

Indianapolis, IN

July 16, 2009

Here is our story: We adopted a little boy four years ago who has had some health struggles-because of those struggles I lost my job and my insurance. He is high risk for insurance and the premiums were extraordinary especially considering we were down to one income. However we managed but between the insurance premiums and what insurance didn't pay caused us to start getting into significant debt. We were eventually forced (after having gone through savings and retirement) to remortgage our home to avoid sheriff's sale due to not being able to pay our taxes. When my son was two I was finally able to go back to work as my son was well enough. He didn't have anything serious just a bunch of little health concerns- no cancer or any serious diseases- just enough issues to keep him in and out of hospitals and a couple of surgeries. At that time my husband lost his job of fourteen years (downsized) and his insurance (we never did have a family plan as it was too expensive so the kids and I still had our separate plan). My husband has some preexisting conditions which causes him to be high risk. So here we are again one income and in desperate need of insurance for him and to keep what insurance we have for the two kids and I. We start using our mortgage money to get and keep private health insurance as we had gone through savings and retirement (with a very high deductible as that is all we could afford) as neither my husband or my son can go without it. My husband finally found work but was injured the first week on the job-blew out his knee climbing out of a machine. Since workman's comp denied the claim, we had to scrape together the \$2,500.00 deductible for his knee surgery as the doctor wouldn't perform the surgery without the deductible paid up front so that he would be able to walk and go to work again. Between the insurance premiums and the deductible, co-insurance, prescriptions, etc. we were forced into bankruptcy. We have lost everything financially we have worked so hard for- our car, home, savings, retirement basically because of the expense and then the lack of coverage you receive for the expense of health insurance. Something needs to be done- I do not want national health care coverage- both my grandparents died because they could not receive health care in a timely fashion because of all the abuse that goes on with a national system- no matter how you slice it we will no longer be able to get tests performed within days/weeks it will be weeks/months and most of the time that is just too late for the individual needing the care. However, I think we can make huge strides in making health insurance affordable and not letting the insurance companies make billions why the average American or American family goes bankrupt. Premiums need to be based on income levels for all (as we are not poor enough for Medicaid or any state insurance at least not until all the damage was done). It

needs to be based on income and not on risk factors- although I do think some exceptions for overweight, smokers, and drinkers could be counted in and then the insurance companies need to butt out and let the doctors determine our care not their bottom line. Also please keep in mind there are those in America who do not want health insurance- it doesn't make sense for them as they could write a check for the care they need and maybe what they would need is just a major policy- something with a very high deductible if they wanted anything at all. You cannot force insurance/health care on everyone but it would be great that everyone who wanted insurance would be able to get it/afford instead of if you can pay the price you can get the insurance thing we have now. Every family/person's needs are different but I think if you started the reform with the insurance companies not making billions while bankrupting those that desperately need the services and allowing the insurance companies to dictate care- it would be a great place to start. Also with as fluid as our society is we need health care that transfers from job to job or job to unemployment to job that is affordable- COBRA just isn't affordable especially if you lose your job. So you are stuck- pay what you can't afford or not have coverage and for those with preexisting conditions you really don't have a choice as when you can finally afford/get insurance again and you have had a lapse in coverage- they deny the services you need so basically it isn't worth what you have to pay for the services you get-they charge you more because you are at risk but then don't cover what put you at risk. We could not take the gamble with our son as anything with him would have been considered preexisting- he had so many little things wrong. We had to keep insurance on him so we could keep him healthy and keep him covered in case it developed into something severe. We had to keep insurance on my husband and pay a huge deductible. Maybe the answer is more "free" "income" sensitive health clinics that provide good quality care-although if the insurance companies weren't lining their pockets (I am not against profits but it is to the point of being ridiculous) doctors wouldn't have to charge so much to those without insurance to cover the "discount" given to insurance carriers-it isn't the American paying the bill that gets the discount it is the Big Dogs who put that money in their pocket. Can we just get rid of health insurance companies all together? Can we make them be more accountable? Can we dictate for once to them instead of them to us and our doctors what they will charge and what they will pay or not pay? The whole thing gives me a headache. We, as human beings let alone American citizens, should not have to choose between our home and our financial freedom and our child- there is no choice- but it is unfair to have lost so much for just taking care of our child and then my husband so he could work-especially in what is considered the greatest country in the world. And now what does America have to show for it- another home in foreclosure, another family forced on assistance (medical only for my kids), another family forced to the bottom of the pond that now has to fight their way back- not because of lack of planning, saving, working hard but because of the health care system (or lack thereof) in America. I wonder how many of our foreclosed homes/bankruptcies and people on government assistance are related to health care issues?

Michelle
Indianapolis, IN

July 16, 2009

I personally do not want this healthcare plan to pass. I work for the family business and plan on taking it over in about 5 yrs. I'll be the 3rd generation. We have been very fortunate to be able to provide healthcare to our employees, and for the most part at no cost to them. I haven't even used my plan in 2 yrs. Taxing business owners is not the answer. If you think the economy is in bad shape now, how will it be when the businesses that are struggling to survive get taxed even more and have to close their doors? Then there will be tent and cardboard box cities, but at least we'll have healthcare right. I don't think so, because no one will be able to pay for it, no jobs, no taxes, don't pass this bill.

Thanks,

Todd

Indianapolis, IN

July 16, 2009

Dear Representative Carson,

I am for the single payer bill in Representative Waxman's Committee. I am a former nurse that practiced nursing in the 70's and 80's. I currently carry an R.N. license and graduated from IU school of nursing with a BSN in 1973. I took health planning and policy courses at UC Berkeley in the 1980s.

This time is the most hopeful for a single payer system to be passed then I have seen in a long time. Having watched patients being kicked out of the hospital or refused treatment because of lack of insurance....it left a bad taste in my mouth. I left nursing partly due to the insurance problem for patients. Currently patients can't be refused treatment until they are stable, but that isn't enough coverage for many people. In my own family I have seen many problems due to health problems, such as lack of portability.....being stuck in a job due to a pre-existing condition and no coverage if it hadn't been for the VA system.

I still find it difficult to stomach the current American private insurance for profit so called "system" that we have currently. Let alone work in it as a nurse. If you want my opinion I believe that part of the nursing shortage is due to not wanting to work in such an inhumane system, such as the one that we have....this business for profit atmosphere is not health producing at all. It has side effects that interfere with care given. The inclusion of all Americans in the system would greatly help the atmosphere of health care. One large reason that I am not for Obama's so called universal care is that I don't think that not including everyone is an improvement over the current system. It still excludes people!

This still effects the atmosphere of health care.

Including everyone in health care would cut down on costs as negotiations with drug companies would decrease medication costs, etc. I also believe that better statistics would be gathered because there would always be a checking of the effectiveness of the system if we had a national health care system. Quality assurance would be a large component of the system as would deciding what is covered and what isn't covered.

Public scrutiny would be huge and much more effective of a single system.

Input would be greater from the public then is currently allowed by the current private for profit system. I am a big proponent of health care quality assurance and believe that a single payer system would include these much more efficiently.

I could go on and on about single payer, but believe that you have heard from many people and already know much about it.

Sincerely,

Bethany

Indianapolis, IN

July 16, 2009

Dear Rep. Carson,

I am one of the fortunate few who have good healthcare coverage provided by my employer. I want to share what this has meant to me in real terms: I am a very healthy 50 year old; I take no medications; I get fairly regular exercise; I am not overweight. Four years ago I was diagnosed with non-invasive breast cancer, although there is no history of breast cancer in my family and was considered low risk by my physicians. Because I have good healthcare coverage that includes preventative strategies, I was diagnosed early and had a semi-radical mastectomy. I went on tamoxifen – a drug regularly prescribed following an episode of cancer because it is thought to prevent a recurrence. I had to take a second drug to counter the side effects. My expenses for these drugs were manageable. Two years later and against the odds I was again diagnosed with noninvasive breast cancer and had a second mastectomy. Again, it was

because regular check-ups and mammograms were covered by my insurance that it was detected; insurance also covered reconstructive surgery which was critical to my recovery and ability to maintain a positive outlook throughout both experiences. Because of my history of cancer I have had regular ultrasounds to track cysts on my ovaries and have now been advised to have a laparoscopic hysterectomy. The emotional impact is significant, but because I have good healthcare coverage I can focus on my mental, emotional and physical health rather than wondering how in the world I will pay for this. Had I had to pay more than I did for my previous surgeries I would be facing a serious financial situation. My greatest concern at this point is that I am effectively uninsurable. Should I lose my job and along with it my health insurance, I will not possibly be able to pay what it would cost to find coverage for someone with my medical history. The irony is that I am still healthy overall, not overweight, no medications, still exercising. But I am a good example that healthcare crises can hit anyone, despite the odds.

This experience has taught me several things that I hope will be considered in connection with any healthcare plan: 1) the importance of easy access to regular check-ups and basic tests such as mammograms, colonoscopies, ultrasounds, etc.; 2) a balance of payment so that should a health crisis occur, the patient can focus on mental and physical well being without the added stress of worrying about whether or not they can afford the procedure and/or medications; 3) while certain lifestyle habits (such as exercise and eating patterns) can lead to increased health risks, no one is exempt; consequently we should employ great care in holding individuals responsible for their state of health; it is appropriate to place emphasis on encouraging life patterns that can prevent health crises, but this involves a complex of support systems – e.g. a person who has to work two jobs or works 60 hours a week has little time to think about eating right or exercising; what responsibilities do employers have in supporting healthy lifestyle choices? How do environmental conditions impact the health of individuals and what responsibilities do states and the nation have for these conditions? How is food produced and processed for consumption? Etc. etc. Health is not something that is solely in the hands of the individual. 4) Finally, healthcare coverage cannot be tied to employment.

Respectfully,

Holly

Indianapolis, IN

July 15, 2009

Dear Representative Carson:

As the father of six children, some of whom have chronic medical conditions, and the administrator of my employer's health plan, I have some thoughts about health care to share:

- We don't have a health care system in this country, but rather a collection of many different plans that creates confusion, administrative complexity, and gaps in coverage.

- It is getting harder for employers to pay for health care, and many employees, particularly part-time workers, are left without coverage.
- There is a huge need for greater transparency on cost and quality of care. All health care providers are not equal in their skill, and there can be tremendous cost differences.
- We should commit more resources to keeping people well instead of treating them once they get sick and provide incentives to promote wise choices.
- Doctors should get reimbursed more for patient education and primary care. Right now, most reimbursements are tied to providing procedures, which leads to overuse and excessive cost.
- I see employees at McDonald's using better technology than many health care providers. Electronic medical records and other IT applications are critical.
- There should be a better way for people to continue their health insurance after their employment ends, such as a public plan option that is not tied to holding a certain job.
- The time for change is now. Problems will only get worse if left untreated.

Thank you for all you are doing for our city, state and country.

Ed

Indianapolis, IN

July 15, 2009

Congressman Carson,

I had a heart attack back in 1994.

I arrived at the hospital, via the emergency room, and I was examined, stabilized, and put into a room at St. Francis within the space of three hours. A heart surgeon scheduled my angioplasty procedure for the very next day. I was back to work within a week.

For all of its flaws, we have the finest health care system in the world. Thanks to private enterprise, I was taken care of quickly, and I have been doing fine ever since.

If I had lived in Canada or England, with a nationalized health care system, I would have been put on a waiting list for my angioplasty procedure. Who knows how many weeks (or months) I might have been forced to wait for that surgery? How much income would I have lost during the time I was waiting for surgery and unable to work?

It will be a terrible mistake to put the federal government in charge of our health care. All that will happen with more government control is delays, rationing, and poor service. I have heard numerous horror stories from people who were treated in another country that had implemented a national health plan.

Please vote to oppose the nationalization of our health care!

Sincerely,

Howard
Indianapolis, IN

July 15, 2009

Dear Representative Carson,

My husband and I are fortunate to have health care insurance through work and we are very happy with our coverage. We both work in small organizations and have seen how the rising costs of private insurance have made it more and more difficult for small employers to find affordable benefits for their employees. I am concerned, however, that more government involvement in the health care industry will make things worse and not better. As government tries to hold down costs, they end up paying less than a service or procedure actually costs, and then the private health insurers (and their customers) get charged more. Even though President Obama says that a government plan and private plans can co-exist, I am not convinced that this is the case. If the government plan underpays providers, then it will be less expensive and will drive private plans out of business. If government plans cannot pay what providers are asking, we will have less of our best and brightest willing to go into medical fields, less research and development, and perhaps even rationed care. We are already heavily in debt. If the government runs out of money, then what will happen to people on government

health care plans? Government involvement will stifle competition, which is necessary in a healthy economy.

As you can see, I am not in favor of a government-run health-care plan. So what else can the government do to help bring down costs?

- Work with private companies (insurers and business people), doctors, and hospitals to come up with plans for the uninsured and reward (tax credits?) those who take on those difficult to insure people or who provide benefits to their employees.
- Pass a bill to ensure that practitioners are protected from frivolous and costly lawsuits that drive up costs for everyone.

Yes, we need to provide for the uninsured, and the government needs to make sure that happens, but the government does not need to run the health care system, just to facilitate the changes needed.

Jane

Indianapolis, IN

July 14, 2009

First of all, thank-you for asking my opinion! I just hope it is actually considered. Sorry for being so skeptical but middle-class Americans are not being taken very seriously lately.

For the first time in our 30 years of marriage, my husband and I are without healthcare. Two years ago my husband had a minor heart attack and was eventually diagnosed with Cardio Myopathy, which is a medical condition that insurance companies shun. His doctor wanted him to go on disability. In fact he insisted. But my husband wouldn't hear of it. He was a heavy equipment operator for 20 plus years and with the union for 12 of those. Because of his condition, he was forced to quit the union. He could not work 8-10 hours a day without taking several breaks, or stop when he grew tired. No company was willing to allow him to just stop his machine any time he felt bad and take a break.

The doctor kept stressing that any job would be an issue, but my husband has worked since he was 14 years old (as I have) and is a typical, hard working, independent American. Instead, he started his own business. It has worked fairly well because he can rest when he needs too, and take time off when he has too, leaving the day to day work to capable employees. If we can keep our small business going, which will not happen if we are hit with any more taxes, we will not be forced to live off of the government, and that is the way we want it. We went on COBRA for awhile, and had to stop because we couldn't afford it any longer. We called around to several insurance companies but because of a brilliant move by our representatives years ago in allowing the insurance companies to deny coverage for people with pre-existing conditions, no one will touch him.

No problem, we are both Veterans! We both served in the Army from 1975 to 1979, but because we were born in between wars, and we make too much money, we do not qualify. According to our tax return for 2008, our adjusted gross income was \$32,000. But they don't go by your adjusted income. We went from making \$78,000 one year to \$32,000 the next and we managed to make it without help from the government. We did it by cutting our spending, making smart decisions and working with our creditors. My husband was one of eight children and raised by a single mother in the city. He was raised poor, sometimes with nothing to eat and no electricity. He knew the only way to better himself was for HIM to do something about it. Not sit back and wait for a hand-out. He joined the Army and learned a trade while serving his country. No one has handed us anything, and we are proud of it.

If you haven't figured it out by now, we are against government run healthcare. We appreciate what President Obama and our representatives are trying to do, but the way Medicare, Medicaid and Social Security have been handled, there is no way the government can possibly take this on successfully. I work in the healthcare field, from the administrative end, and I am telling you that it isn't possible. First of all, the government is being taken advantage of and being cheated by so many healthcare facilities and medical professionals out there it isn't funny.

If a facility or any other healthcare organization, is accepting Medicare and Medicaid, then they need much stricter oversight. More frequent government audits are desperately needed to catch the cheaters out there, who are ruining it for the honest companies and the taxpayers. How about a decent monetary award for anonymous tips from company insiders who see their employers cheating the government and are afraid to tell. They're out there, but it has to be worth it for them to stick their jobs on the line. They have to know that they are protected and the information is highly appreciated. Many of these companies make their employees sign "non-disclosure" agreements that place the fear of God in them if they talk. The few non-disclosure agreements I have seen don't actually state that "...and if you snitch that we are cheating the government, you are fired and forget getting a positive reference..." but the meaning is clear.

We cannot afford another trillion dollars without raising taxes. You know it and we know it, no matter what is being said. Honestly, we cannot afford any more taxes on anything! And these "sin" taxes are nothing less than dictatorship plain and simple. It is not up to our government, who works for us, to decide what we eat, drink or whether we choose to smoke tobacco products. The insurance companies already charge more for people with higher risks, and that's fair, but the government butting their noses in our personal lives is against everything this country stands for and a government run healthcare plan will just be another way for our freedoms to be whittled away.

That said, we all agree that something has to be done. No one can dispute that! But the government doesn't have to make it so complicated. Make the insurance companies take pre-existing conditions and give each family the \$5000.00 to buy their own healthcare package. I found several that would be perfect for my family with just that scenario. If we need to pay more (within reason) because of a pre-existing condition, so be it. Do more to catch the "cheaters", who are robbing honest taxpayers, and stop giving aid to illegal aliens. Help is out there in many forms for people who are in need. Churches, organizations, non-profits are all there and no one has to go without if they seek out these resources – period. I found a health clinic that looked at my family's latest income numbers and I was able to see a doctor and have some tests run for much less than I was paying my primary physician, out of pocket, when we had insurance! Private help is out there. Leave it to the American people to find a way without the government taking over total control.

Again, thank-you for asking and listening to my opinions and concerns. My biggest hope now is that you actually hear what I had to say.

Sincerely,

Kathy

Indianapolis, IN

July 14, 2009

Sir,

In regards to Health Care, I, and every person I have talked to on the subject for the past year, have the same opinion - only a government health care system that requires the following is even remotely workable:

1. The health care system must be a two part system. The basic system will cover basic health care which will include preventative care, specialists, surgery, etc. with hospitalization at a basic level such as in a ward or multi-person room; and there will also be an advanced system which will be purchased by the individual that will cover the individual for upgraded care in the hospital and for VIP treatment based on the level of insurance purchased.

2. The basic health care system must be mandatory for every American under the age of 65, and must be paid for by automatic deductions from every workers wages or other income. All must be covered whether or not anyone in the family has income at any given time. As most people will not require much medical care in their younger years, the automatic deduction will cover all Americans.

3. The advanced level will be at the discretion of the individual, and must include provisions for not dropping people who have had their policy for a given number of years (number to be based on the age of the individual, such as 5 years for a 30 year old, 10 years for a 40 year old, etc.) when they DO become sick.

4. The system as a whole must have iron-clad guarantees that Congress CANNOT use the fund for anything at all except the mandatory health care. If there is a surplus, that surplus MUST remain to make up for years when there is a shortfall.

5. This must be a percentage of taxable income which is the same for all people up to a

maximum limit and there must be NO loopholes to allow anyone at all to not be covered, or not pay the premiums if they have taxable income and are under the age of 65.

6. Malpractice lawsuits must be limited in how much may be awarded. Most of the increase in medical costs can be directly traced to the runaway malpractice awards and exorbitant malpractice insurance costs which have resulted.

I realize this will not be popular with the lawyers in our Congress, since a considerable number of them derive(d) income from the unlimited payoffs from malpractice lawsuits.

I have put this together from discussions with various people over the past year or so on this subject.

Thank you.

Larry

Indianapolis, IN

July 14, 2009

It is already hard to get in to see many doctors - sometimes you have to wait a month or two. If we move immediately into universal care - what is the corresponding plan to increase the number of medical professionals to see everyone? Indiana increased the number of medical students accepted to Med School - but I don't think they added any residency and intern positions - are there plans to do so?

Current physicians are either new and saddled with huge amounts of debt or established and in homes that require their current salary levels. My husband is a physician at Wishard Hospital and teaches in the residency program. I worry that under new plans his income will be drastically reduced. He is an OB/Gyn and his job is very exhausting and stressful. If his salary dropped too low I would encourage him to quit and find greener pastures with less stress - hard to believe others would not do the same if possible - again reducing the number of physicians. What about malpractice insurance? I worked one summer in a radiology billing office 25 years ago - I believe I can still tell you the code they used for chest x-rays because it was such a common test - frequently ordered to "CYA" (cover your a**). I'm sure there are still many such tests, that is why insurance companies try to tell the doctors what tests they can run - how do we reduce such tests and not leave physicians as targets for malpractice suits?

How will we find people willing to put in 80 hours a week in residency if the pay drops precipitously? I hate to face old age and a decrease in the number and quality of physicians.

I absolutely see the necessity of doing something for those without health insurance - there is no denying there is a problem (with a husband working at Wishard I know a little about public health issues) I just would like to see the suppliers of that medical care considered as well.

Thanks for listening.

Rachel
Indianapolis, IN

July 14, 2009

Our health care system, while not perfect, is the best in the world. I am 61 years of age and have had a normal share of medical problems over the years. I have yet to have inferior care or have to wait extended periods of time to get the treatment I required.

I have no problem with discussions on how it could improve, but I, along with most citizens, do not want the federal government in charge of our health care. If you want to figure a way to pay for those who cannot afford health care, fine...have at it. I do not want the government to run the health care system. Sad to say, but the government's record of running any program efficiently and effectively is pitiful.

Leave the system as it is!

Thank you,

Stephen

Indianapolis, IN

July 14, 2009

There need to be huge changes rewarding preventive care and screenings. Mammograms, pap smears, and a few other exams are currently covered under insurance but there are limits on the coverage. I am not eligible to receive an insured mammogram although I have a very strong family history (mother- 3 times, last fatal, aunt, and two cousins) and occasional irregularities- because I am considered "too young" for screening. I think this is crazy- I know of people ten years younger that have been diagnosed or died from breast cancer- cancer won't not occur because you are young. Additionally, genetic testing, etc should be available and companies should not be able to deny coverage or increase premiums based on the presence of genetic markers.

Beyond that, the denial of coverage based on pre-existing conditions should be nullified. Everyone should be able to receive medical insurance regardless of their health condition- the current system seems to discriminate against those that are willing to work and/or buy insurance. If they can and do pay their bills why shouldn't they be covered like those that got sick 6+ months after beginning in an insurance plan?

Kim

Indianapolis, IN

July 14, 2009

Thanks for taking an interest in finding solutions for our nation's health care.

I'd like to tell you of a recent experience...I am a nurse with 20yrs of experience, working at Clarian Health Partners. Recently, I went with my mother to a Physician appointment in the NW part of the state. She was asked to see a specialist on account of a possible cancer diagnosis. The referring doctor from a clinic setting omitted sending crucial documentation- history and physical, MRI, and medication history to the specialist. Luckily, we had an extra copy of the MRI, however by just this one example, I notice the inefficiencies within our health care system. Even in the age of technology, we are missing critical information, and physicians are having to re-do tests, wait times for patients are lengthened, cost for theses tests are doubled because of repeats in testing, which discourage patients involvement, and most of all, we rely on our elderly to remember all their health care details, which for some are impossible.

Taking this concept further, in my practice we rely on patients whose first language is not English to relate their health care concerns. At Clarian Health we have translators to assist us, but for many parts of the state they do not have these resources, and funding. Looking ahead, we need to realize the demographics evolving need to incorporate even more patients whose primary language is not English.

We really must be proactive to meet the needs of millions. Communication needs are critical!

Electronic medical records integrate services! Many of these problems we encountered would have been solved, and our wait time would have been minimal, lowering health care costs for referrals and testing. Many hospital systems have already initiated electronic medical records.

Thanks,

Diane

Indianapolis, IN

July 14, 2009

My husband was born in 1946 and I was born in 1948. My husband is 63 years old and I'm 60. He normally would retire at age 66 but will need to work until age 69 because I will turn 66 in 2014. If my husband were to retire at age 66, he would have Medicare and I would be without health insurance because of previous condition of Breast Cancer. With previous health condition, I would be denied health insurance or make it so expensive that I can not afford it! As it now stands, when my husband turns 66, he will apply for Medicare and supplement with health insurance from his job in order that I have health insurance. There are many people in the same situation as us. Neither one of us is in good health. We favor Universal Health Care!

Through my husbands work we have Cigna Health Insurance which weekly takes \$19.23 out of his check to cover Employee and Spouse. The medical out of pocket maximum for in-network providers is \$3,000.00 for an individual and \$6,000.00 an individual out of network.

Pharmacy Co-pay for 30 day supply: generic is \$5.00, preferred brand is \$25.00 and non preferred brand is \$45.00.

Mail order Co-pay 90 day supply: generic \$10.00, preferred brand is \$50.00 and non preferred brand is \$90.00!

The website we us is MYCIGNA.com and we are being gouged to death! We have medical, dental and medicine but really no vision coverage! Insurance companies are having a field day at the expense of the middle class! The time for Universal Health Care is NOW!

Evelyn

Indianapolis, IN

July 14, 2009

I received an email from my Congressman Andre Carson, inviting me to submit my recent experiences. I have had the luck of working at major corporations for the past 15 years. My employers had always provided access to good health care coverage. When I first started working 15 years ago did not even have to pay for it with my employer. Now my policy for my family's coverage costs me around \$250 per month, but to get this low cost I have to cover the first \$5,000 of deductibles, so pending a major illness I will probably not receive much benefit from this. But to offset that my employer gave me a \$1,000 credit card to pay the first 1,000. My guess is that they are saving money too by my use of the high deductible plan.

Last year though I had a HMO plan. The plan was great, but my current employer does not offer one. I only paid a small co-pay and they paid 100% of the rest. In my opinion the HMO was the best plan for me. But I learned one of the drawbacks and problems with the current systems. My wife was in the hospital to deliver my first son. I was not too concerned as she also had a separate policy from mine. Again if you look at companies they will generally cover 80% of an employees cost of the policy but once you add a family then it goes down so you tend to get coverage separately. But once it was all said and done my son had to stay in a level 2 unit for an additional week. The added unexpected costs and deductibles on this was around \$2,000. But then I remembered that I was going to put my family on my plan since my wife was taking FMLA. So I checked and was told that they coordination of benefits would mean my wife's policy would pay first, and mine would pay what was left. But then there was a problem it was not done at the right hospital. I said to the insurance company that my son was required to stay for treatment and there was not a time to have him moved to another hospital. They said they would pay the amount. After months of phone calls, they kept saying they would pay, but then did not pay and the paperwork kept saying it was at a non covered hospital. I ended up having to pay the bill because the non-for profit hospital was threatening to take me to collections, so I did not want to ruin my otherwise perfect credit over something that was not my fault.

After almost 12 months my wife and I after numerous and repeated phone calls, and threatening arbitration (which is the only course of action with an HMO) finally last week received our reimbursement check from the hospital so we ultimately did get the money back.

Again after this experience it is easy to see how and why so many individuals end up in dire financial circumstances. My Sons total bill was over \$60,000 just for the one week of level 2 care. My wife's cost for delivery at the hospital was \$18,000. I had paid her co pay already which was \$2,000 just with a trip to the pre- care before my son was born. Albeit the doctors and hospital were exceptionally good and we had in no way a concern with the service the charges just for one son were beyond the means of anyone to pay except the very wealthy or someone with decent insurance.

However, I am a fairly smart person, and I don't mind paying my fair share of costs for my health insurance. The key challenge with insurance is that you (in the back of your head) only want it if you think you will use it. Hence, most 20 somethings may not even participate as they think they wont use it even if it is fairly low cost. While someone who just got diagnosed with diabetes will want a policy, but be unable to pay for it, if he can even get it. My main beef here is the whole concept of exclusion of pre-existing conditions.

In a nutshell my advice is this: - find a way to reduce the paperwork nightmare and administrative costs for the system via standardization. Require all citizens to buy insurance (not sure how you would enforce this) this will help reduce the costs for the high risk patients) my guess is that you would need to tie it to something Americans cant live without like getting their drivers license. Eliminate the exclusion of preexisting conditions, use the money put into the system by low risk patients (young) use to reduce costs of coverage for these workers.

Paul

Indianapolis, IN